

December 10, 2018

Kathryn Wann, MSW Student Intern
Didi Hirsch Mental Health Services
Culver City, CA 90230

Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Docket 18-336
Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Commissioners:

I am writing to urge you to designate and fund a 3-digit dialing code (N11) for a national Suicide Prevention Crisis Hotline System. As a suicide attempt survivor who has lost numerous friends to suicide, I also personally know the lifesaving value of a strong suicide prevention system.

Located in Los Angeles, our Suicide Prevention Center was the first in the nation and the first to launch a 24/7 suicide crisis line, which is supported by staff and volunteers who receive 100 hours of training before joining the line. A member of the National Suicide Prevention Lifeline network since its inception in 2004, our line includes both phone, chat and text options. Except for the VA suicide crisis line, last year we answered the 2nd-most calls out of over 160 members of the Lifeline network, which receives over two million calls a year. In addition to offering multilingual translation services, we are one of two National Suicide Prevention Lifeline members with bilingual Spanish-speaking counselors on site 24/7 as well as for our Disaster Distress Helpline, which is one of three in the nation.

We are reaching a broad demographic:

- Last year, our youngest caller was eight-years-old. Concerned parents have called about children as young as three-years-old.
- About 45% of callers are male and 55% female.
- About 45% represent a minority race/culture.
- Contrary to the stereotype, half of the phone callers were 24 and younger.

I offer this information to convey what an extensive cross-section of Americans the Lifeline reaches. The Lifeline network is unique in that there is an administrative infrastructure that: 1) ensures that all lines are accredited; 2) sets protocols based on current research on effective counselor interactions; 3) collects and distributes monthly data on each Lifeline member and 4) has a national telephony system that not only links callers to the closest Lifeline system but also “rolls” calls to a back-up line if the first option is busy or down because of a power outage.

To my knowledge, neither the 911 nor 211 lines have such a robust national system in terms of national coverage through interconnected lines and shared quality assurance standards. Yet, they have an N11 number.

Think how many more people the sophisticated National Suicide Prevention Lifeline network could reach with an N11 number. As recommended by the Congressional special mandate to the Commission, the designation of a 3 digit dialing code (N11) for a national suicide prevention hotline that also focuses on

mental health crises indicative of a risk for suicide would reach deeper into communities with a number that is easier to remember and also would be possible to access without a smart phone or computer.

This N11 line would also provide broad mental health support to individuals at risk of or seriously contemplating suicide. Like many other Lifeline members, Didi Hirsch's Suicide Crisis Line provides phone, text or chat follow-up to our high-risk callers and to individuals treated at local Emergency Departments or hospitals for suicide attempts and ideation. We also enlarge the community safety net by training over 10,000 individuals annually how to recognize and respond to the warning signs of suicide—including emergency personnel (from FBI to police and hospital workers), businesses, spiritual leaders and parents, teachers and students. And, we offer support groups for individuals grieving a suicide loss or recovering from a suicide attempt at seven locations in greater Los Angeles. Last, but not least we are committed to innovating and disseminating best practices, such as our support groups we developed for individuals who have survived one or more suicide attempts, which we have trained professionals in 22 states to implement.

The time is now to embrace suicide prevention as a national priority. Just last week, the Centers for Disease Control reported that over 47,000 Americans died by suicide last year -- driving the national suicide rate to its highest rate in decades. Despite many valuable efforts, our resources cannot meet this level of need. At this crucial juncture, we urgently need to expand upon the nation's greatest resource, the National Suicide Prevention Lifeline to prevent suicide attempts and death.

The National Suicide Prevention Lifeline network of community-based crisis centers is a uniquely valuable service that connects with millions of callers in crisis annually.

The National Suicide Prevention Lifeline saves lives every day, helping thousands of people each day find a way forward through their darkest moments. Highly trained call counselors at over 160 crisis centers across the nation, help over 2 million Americans and their families each year cope with the challenges of mental health and suicidal crisis.

Three-digit access is a natural next step given the growth and proven effectiveness of the National Suicide Prevention Lifeline.

Three-digit access will:

- Deliver timely and effective suicide prevention services to millions of Americans
- Make it easier to connect people in suicidal distress with help
- Meet the *dramatically* growing need for suicide prevention

But, funding will be critical to the success of a National Suicide Prevention Crisis Hotline system.

A vital next step is to adequately fund the National Suicide Prevention Lifeline. Over the past several years, the Veteran's Administration has provided the resources necessary to support callers who press 1 after calling the National Suicide Prevention Lifeline. These 700,000 calls are routed to more than 1,000 VA staff across three national call centers on the Veteran's Crisis Line (VCL), with annual support of \$90 million. This funding assures a timely and consistent service akin to 9-1-1.

However, apart from some administrative overhead for Vibrant Emotional Health to coordinate the National Suicide Prevention Lifeline and funding for telephony services, which include a linking network that transfers calls to another center when the first one contacted is unavailable, **there is no material federal funding for the crisis centers who manage calls to the National Suicide Prevention Lifeline.**

This means that local, county and state crisis lines must leverage unused capacity and/or volunteer

support. The heroic efforts of these centers have made the difference in the lives of millions of people, but this is an unsustainable model.

Finally, the Commission has received comments suggesting that 211 Info be used for 3-digit access for suicide and mental health crises. I strongly disagree with this suggestion and have great concerns as to the burden it would impose on that network, and the delay and loss of life that could occur as a result—rather than expediting access as Congress intends.

211 Info provides a vital service – connection to rent assistance, energy assistance, maternal health services, and information regarding pesticides, radon remediation services – a vast array of social services. But 211 Info’s mission and expertise do not include mental health services – **and the reality is that crisis calls to 211 generally result in referral to the local National Suicide Prevention Lifeline’s crisis center.** Using 211 as a crisis portal would thus *add a layer* – of time and delay – to people in crisis who need help *now*. In short, we have great respect and appreciation for the work 211 Info does, but the reality is that suicide crisis intervention requires a very different expertise, and our nation’s suicide crisis warrants a service devoted exclusively to meeting these needs – not a service added to the long list of non-mental health related social services currently managed by 211 Info.

As a survivor of suicide loss, I thank you very much for your interest and thoughtful approach to this important issue that affects hundreds of millions of lives in our country every year.

Respectfully yours,

Kathryn Wann